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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/823,506	03/28/2001	Dennis Sunga Fernandez	FERN-P001D	8534

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EXAMINER	
VO, TUNG T	
ART UNIT	**PAPER NUMBER**
2613	

DATE MAILED: 07/12/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/823,506	FERNANDEZ ET AL.	
	Examiner	Art Unit	
	Tung Vo	2613	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *03* MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *11 April 2005*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *20-37* is/are pending in the application.

4a) Of the above claim(s) *1-19* is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *20-37* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 04/11/2005 has been entered.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

3. Claims 20-21, 26, 28, and 31- 34 are rejected under 35 U.S.C. 103(a) as being unpatentable over David et al. (US 5,544,649) in view of Wootton et al. (US 5,870,471).

Re claims 20, 31 and 33, David teaches integrated tele-medicine (20 of fig. 1) and home security system or patient remote location as home (10 of fig. 1) using fixed (22 of fig. 2) and mobile processor communication (120, 121of fig. 7) for enabling remote medical care (30 and 40 of fig. 1) and residential surveillance (10 of fig. 1), the system comprising:

a care-giver processor (20, 30 and 40 of figs. 2 and 5) coupled to a packet-switched digital network (Note two-way interactive cable television, with its widespread network,

provides a two-way communication network suitable for use in the patent (26, 12 of fig. 2)) the care-giver processor accessing a database including a representation of an identity and a location of at least one remote patient (Note at location 30, the physician may gain access by a second communications network 14 to access the patient's health data or audio-visual signal at the central surveillance station 20);

a mobile communications unit (120 of fig. 7) physically associated with a remote patient for monitoring at least one medical vital sign of security remote patient, the mobile communications unit communicating such monitored vital sign to the care-giver processor through the digital network (Note one advantage of the system of FIG. 7 is that it is a wireless system (i.e., there are no wires from the transmitters 121 to the receivers 122) and thus permits the patient 16 a considerable amount of mobility; 120, 121, 122 of fig. 7); and

a first detector (22 of fig. 2) coupled to the digital network and selected by the care-giver processor for observing the remote patient (video signal) when such remote patient is determined by the care-giver processor to be located within a first observation range of the selected first detector (18, 22 of fig. 2; see also col. 16, lines 10-53 and col. 17, lines 20-63);

wherein the care-giver processor (20, 30 and 40 of fig. 1), by automatically corroborating the monitored vital sign (cols. 16 and 17) with the observed location of the remote patient, determines when an unsafe or unmonitored behavior or movement of the remote patient occurs or may likely occur, thereby enabling corrective action to provide appropriate care to the remote patient (col. 17, note Diagnostic Performance of Specific Tasks: the correct performance of specific tasks is important for the assessment of neuropsychological as well as motor abilities of the monitored subject. The examination begins during the initial conversation with the monitored

subject. Any change in the spontaneous gestures of the body, arms and hands during speech as well as the fulfillment of nonspecific tasks are important signs of possible pathological events. Moreover, the monitoring person can instruct the monitored subject to perform a series of simple tasks (as discussed below). The correct fulfillment of these tasks may be of utmost importance in the primary diagnosis of neurological abnormalities); the remote care giver processor (30 and 40 of fig. 1) for thereby enabling remote monitoring of patient medical condition integrated with home security surveillance.

It is noted that David suggests the camera (22 of fig. 2) is detecting the patient but not indicating unauthorized intrusion into the remote patient residence as claimed.

However, Wootton teaches the detector as camera (V1-V3 of fig. 1) for detecting unauthorized intrusion into the remote patient residence and sent the detected unauthorized video image to the remote location for viewing (col. 4, lines 1-27).

Therefore, taking the teachings of David and Wootton as a whole, it would have been obvious to one or ordinary skill in the art to incorporate the camera indicating the unauthorized intrusion at the patient's house (V1-V3 of fig. 1) of Wootton into the integrated tele-medicine system of (fig. 1) of David to prevent tampering with the image. Doing so would allow the remote user to receive the exact image from the camera with out any loss of data.

Re claims 21, 32, and 34, David further teaches a second detector (10B, 18, 22 of fig. 2) coupled to the digital network and selected by the care-giver processor for observing the remote patient when such remote patient is determined by the care-giver processor to have moved and subsequently located within a second observation range (17 of fig. 2, note the patient is within the observation range) of the selected second detector.

Re claim 26, David further teaches an object representation of such remote patient comprises an object name, an object identifier, an object group, an object query, an object condition, an object status, an object location, an object time, an object error, or an object image, video, or audio broadcast signal (video image, 22 of fig. 2).

Re claim 28, David further teaches the remote patient is monitored temporarily using an extrapolated or last-stored positional or visual signal (86 of fig. 4).

4. Claims 22-23, 25, 27, and 29-30 are rejected under 35 U.S.C. 103(a) as being unpatentable over David et al. (US 5,544,649) in view of Wootton et al. (US 5,870,471) as applied to claim 20, and further in view of Kennedy, III et al. (US 6,301,480).

Re claims 22-23, 25, and 29-30, It is noted that the combination of David and Wootton does not particularly teach or suggest a position signal being generated by the mobile communications unit coupled to the remote patient when such remote patient is moveable within an observable range; the mobile communications unit comprises an accelerometer; the observable range is modifiable according to a rule set; a portable identifier associated with such remote patient is used for communication therewith; the remote patient is authenticated according to a voice pattern, a finger-print pattern, a handwritten signature, or a magnetic or smart-card signal; an electronic file comprising a book, a greeting card, a news report, a sports report, a stock report, an artwork, a research database, a personal list, a recorded or live voice or music transmission, an electronic tool, or a commercial transaction is provided to the remote patient as claimed.

However, Kennedy further teaches a position (12 of fig. 1) signal being generated by the mobile communications unit coupled to the remote patient when such remote patient is moveable within an observable range; the mobile communications unit comprises an accelerometer; the observable range is modifiable according to a rule set (col. 3, lines 5-19); a portable identifier (12 of fig. 1) associated with such remote patient is used for communication therewith (fig. 7); the remote patient is authenticated according to a voice pattern, a finger-print pattern, a handwritten signature, or a magnetic or smart-card signal; an electronic file comprising a book, a greeting card, a news report, a sports report, a stock report, an artwork, a research database, a personal list, a recorded or live voice or music transmission, an electronic tool, or a commercial transaction is provided to the remote patient (col. 1, lines 43-57; see also col. 4, lines 43-67).

Taking the teachings of David, Wootton, and Kennedy as a whole, it would have been obvious to one skill of ordinary skill in the art to incorporate the teachings (cols. 3 and 4) of Kennedy into the combined tele-medicine system of David and Wootton to communicate between the remote patient and central station or other stations faster and more accuracy.

Doing so would provide the advantages of the system include the adaptation of the system to provide mobile units that are associated with cars, trucks, boats, barges, airplanes, cargo holders, persons or other mobile items such as ambulance vehicle that desire a selection of services; and these services include emergency services, roadside assistance, information services (e.g., directions, news and weather reports, financial quotes, etc.), or other as suggested by Kennedy.

5. Claims 24 and 35-37 are rejected under 35 U.S.C. 103(a) as being unpatentable over David et al. (US 5,544,649) in view of Wootton et al. (US 5,870,471) as applied to claims 20, 31, and 33, and further in view of Ballantyne et al. (US 5,867,821).

Re claims 24 and 35-37, It is noted that the combination of David and Wootton does not particularly teach or suggests the care-giver processor confirms the remote patient identity by processing a visual image of the remote patient using adaptive or neural learning software to recognize such patient, thereby enabling health-care billing to tele-appropriate patient; and a software agent associated with such remote patient accesses a database as claimed.

However, Ballantyne discloses the care-giver processor (fig. 9B) confirms the remote patient identity by processing a visual image of the remote patient using adaptive or neural learning software to recognize such patient, thereby enabling health-care billing to tele-appropriate patient (see also fig. 9A-9C); and a software agent associated with such remote patient accesses a database (figs. 9B and 9C) see also col. 1, line 65-col. 2, line63).

Taking the teachings of David, Wootton, and Ballantyne as a whole, it would have been obvious to one of ordinary skill in the art to incorporate the teachings of Ballantyne (cols. 1, line 65-col.2, line64) into the combined tele-medicine of David and Wootton to easily confirm the identity (video image of the patient) of the patient. Doing so would allow the tele-medicine to automatically generate and store the history of the patient so that the patient can view his or her own medical status.

Conclusion

6. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Brown (US 2002/0229514 A2) discloses multi-user remote health monitoring system with biometrics support.

Contact Information

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Tung Vo whose telephone number is 571-272-7340. The examiner can normally be reached on Monday-Friday.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Mehrdad Dastouri can be reached on 571-272-7418. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Tung Vo
Primary Examiner
Art Unit 2613